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FAX FILING IN U.S. PATENT & TRADEMARK OFFICE

DATE: December 23, 2010 TIME: _____

TO:	USPTO	FAX NO.:	(571) 273-0025
FROM:	Lawrence E. Ashery	ADMIN. ASST.:	Donna M. Wellings
APPLN. NO.:	10/552,396	ATTY. DOCKET NO.:	MAT-8725US
TITLE OF APPLN.: FANNING METHOD AND FAN DEVICE OF PLASMA DISPLAY PANEL			DEC 23 2010
FILING DATE:	October 7, 2005	ART UNIT:	2889
FIRST INVENTOR:	Koji AKIYAMA, et al.	CONF. NO.:	4763
TITLE OF DOCUMENT (and List of Attachments): Appeal Brief, Transmittal Form, Fee Transmittal and Form 2038			

Total Number of Pages: 20 (including this form)

COMMENTS

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PTO/SB/21 (09/2008)

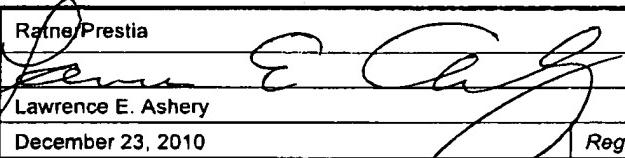
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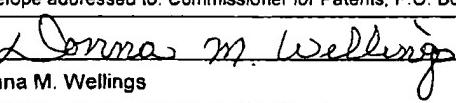
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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		MAT-8725US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	Ratner/Prestia		
Signature			
Printed Name	Lawrence E. Ashery		
Date	December 23, 2010	Registration No.	34,515

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or Printed Name	Donna M. Wellings	Date	December 23, 2010

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Effective on 12/08/04.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

540.

Complete If Known

Application Number	10/552,396	FAX RECEIVED
Filing Date	December 23, 2010	DEC 23 2010
First Named Inventor	Koji Akiyama et al.	
Examiner Name	Britt D. Hanley	
Art Unit	2889	OFFICE OF PETITIONS

ATTORNEY DOCKET NO. MAT-8725US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify):

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| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s)
under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	—
Design	220	110	100	50	140	70	—
Plant	220	110	330	165	170	85	—
Reissue	330	165	540	270	650	325	—
Provisional	220	110	0	0	0	0	—

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
52	26
220	110
390	195

Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =		x	=	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	—	—

- 3 or HP = $\frac{\text{Extra Claims}}{50} \times \text{Fee ($)} = \text{Fee Paid ($)}$

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY	Complete (if applicable)			
Signature	Registration No. Attorney/Agent)	34,515	Telephone	610.407-0700
Name (Print/Type)	Lawrence E. Ashery		Date	December 23, 2010

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